

United States Bankruptcy Court NORTHERN DISTRICT OF ILLINOIS				Voluntary Petition	
Name of Debtor (if individual, enter Last, First, Middle): Urbando, Pablo			Name of Joint Debtor (Spouse)(Last, First, Middle): Ubando, Graciela		
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): NONE			All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): aka Graciela Urbando		
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 3620			Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 7109		
Street Address of Debtor (No. & Street, City, and State): 595 Thornhill Drive Apt 118 Carol Stream, IL			Street Address of Joint Debtor (No. & Street, City, and State): 595 Thornhill Drive Apt 118 Carol Stream, IL		
County of Residence or of the Principal Place of Business: DuPage			County of Residence or of the Principal Place of Business: DuPage		
Mailing Address of Debtor (if different from street address): SAME			Mailing Address of Joint Debtor (if different from street address): SAME		
Location of Principal Assets of Business Debtor (if different from street address above): NOT APPLICABLE					
Type of Debtor (Form of organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (if debtor is not one of the above entities, check this box and state type of entity below		Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding	
Chapter 15 Debtors Country of debtor's center of main interests: _____ Each country in which a foreign proceeding by, regarding, or against debtor is pending: _____		Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		Chapter 11 Debtors: Check one box: <input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years thereafter). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).	
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.					
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.					THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000					
Estimated Assets <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion					
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion					

Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): Pablo Urbando and Graciela Ubando	
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)			
Location Where Filed:	Case Number:	Date Filed:	
NONE			
Location Where Filed:	Case Number:	Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor:	Case Number:	Date Filed:	
NONE			
District:	Relationship:	Judge:	
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under Chapter 11) <input type="checkbox"/> Exhibit A is attached and made a part of this petition	Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. §342(b). X <u>/s/ Robert L. Perlstein</u> 08/14/2015 <small>Signature of Attorney for Debtor(s) Date</small>		
Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D, completed and signed by the debtor, is attached and made part of this petition. If this is a joint petition: <input checked="" type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
Information Regarding the Debtor - Venue (Check any applicable box)			
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.			
<input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.			
<input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.)			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)			
_____ (Name of landlord that obtained judgment)			
_____ (Address of landlord)			
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and			
<input type="checkbox"/> Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.			
<input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

Voluntary Petition (This page must be completed and filed in every case)		Name of Debtor(s): Pablo Urbano and Graciela Ubando	
Signatures			
Signature(s) of Debtor(s) (Individual/Joint) I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b) I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. X /s/ Pablo Urbano _____ Signature of Debtor X /s/ Graciela Ubando _____ Signature of Joint Debtor _____ Telephone Number (if not represented by attorney) 08/14/2015 _____ Date		Signature of a Foreign Representative I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition. (Check only one box.) <input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached. <input type="checkbox"/> Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached. X _____ (Signature of Foreign Representative) _____ (Printed name of Foreign Representative) _____ (Date)	
Signature of Attorney* X /s/ Robert L. Perlstein _____ Signature of Attorney for Debtor(s) Robert L. Perlstein 3123553 _____ Printed Name of Attorney for Debtor(s) Robert L. Perlstein _____ Firm Name 8634 Callie Avenue _____ Address _____ Morton Grove, IL 60053 _____ 630-254-4503 _____ Telephone Number 08/14/2015 _____ Date *In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.		Signature of Non-Attorney Bankruptcy Petition Preparer I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached. _____ Printed Name and title, if any, of Bankruptcy Petition Preparer _____ Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.) _____ Address _____ X _____ _____ Date Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual. _____ If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person. <i>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.</i>	
Signature of Debtor (Corporation/Partnership) I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition. X _____ Signature of Authorized Individual _____ Printed Name of Authorized Individual _____ Title of Authorized Individual _____ Date			

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In re *Pablo Urbando*
and
Graciela Ubando

Case No. _____
(if known)

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

WARNING: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now.
[Summarize exigent circumstances here.]

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement]*
[Must be accompanied by a motion for determination by the court.]

☐ Incapacity. (Defined in 11 U.S.C. § 109 (h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109 (h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Pablo Urbando

Date: 08/14/2015

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In re *Pablo Urbando*
and
Graciela Ubando

Case No.
Chapter 7

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

WARNING: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now.
[Summarize exigent circumstances here.]

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement]*
[Must be accompanied by a motion for determination by the court.]

☐ Incapacity. (Defined in 11 U.S.C. § 109 (h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109 (h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Graciela Ubando

Date: 08/14/2015

Case No. _____
(if known)

SCHEDULE A-REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G-Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property		Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption	Amount of Secured Claim
		Husband--H Wife--W Joint--J Community--C		
None				None
<div> <div>No continuation sheets attached</div> <div> <div>TOTAL \$</div> <div>(Report also on Summary of Schedules.)</div> </div> </div>			0.00	

In re Pablo Urbando and Graciela Ubando, Case No. _____
Debtor(s) (if known)

SCHEDULE B-PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G-Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Type of Property	None	Description and Location of Property	Husband--H Wife--W Joint--J Community--C	Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption
1. Cash on hand.		<i>Cash on Hand</i> <i>Location: In debtor's possession</i>	J	\$20.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		<i>Checking Account with Chase Bank, Chicago, IL</i> <i>Location: In debtor's possession</i>	J	\$120.00
		<i>Checking Account with Chase Bank, Chicago, IL</i> <i>Location: In debtor's possession</i>	H	\$10.00
		<i>Checking Account with Citibank, Bloomingdale, IL. Workers Comp Settlement Check was deposited into the account and this is the amount they have left from the Workers Comp Settlement.</i> <i>Location: In debtor's possession</i>	J	\$7,500.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		<i>Ordinary Household Goods and Furnishings</i> <i>Location: In debtor's possession</i>	J	\$1,000.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		<i>Basic Wearing Apparel</i> <i>Location: In debtor's possession</i>	J	\$300.00

In re Pablo Urbando and Graciela Ubando,
Debtor(s)

Case No. _____
(if known)

SCHEDULE B-PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N o n e	Description and Location of Property	Husband--H Wife--W Joint--J Community--C	Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			
11. Interest in an education IRA as defined in 26 U.S.C. 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts Receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.		<i>Workers Compensation Case No 09 WC 3395 Settlement \$19,500.00, net \$12,232.08 Location: In debtor's possession</i>	W	\$19,500.00
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule of Real Property.	X			
20. Contingent and non-contingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.		<i>Tax Refund on 2014 Federal Tax Return Location: In debtor's possession</i>	J	\$1,617.00
22. Patents, copyrights, and other intellectual property. Give particulars.	X			

In re Pablo Urbando and Graciela Ubando, Debtor(s) Case No. _____ (if known)

SCHEDULE B-PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N o n e	Description and Location of Property	Husband--H Wife--W Joint--J Community--C	Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as described in 11 U.S.C. 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers and other vehicles and accessories.	X			
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.		<i>Mechanical Tools</i> <i>Location: In debtor's possession</i>	H	\$400.00
Total ➡				\$30,467.00

In re Pablo Urbando and Graciela Ubando, Case No. _____
 Debtor(s) (if known)

SCHEDULE C-PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under: ☐ Check if debtor claims a homestead exemption that exceeds \$155,675.*

(Check one box)

☐ 11 U.S.C. § 522(b) (2)

☒ 11 U.S.C. § 522(b) (3)

Description of Property	Specify Law Providing each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemptions
<i>Cash on Hand</i>	735 ILCS 5/12-1001(b)	\$ 20.00	\$ 20.00
<i>Checking Account</i>	820 ILCS 305/21	\$ 7,500.00	\$ 7,500.00
<i>Checking Account</i>	735 ILCS 5/12-1001(b)	\$ 10.00	\$ 10.00
<i>Checking Account</i>	735 ILCS 5/12-1001(b)	\$ 120.00	\$ 120.00
<i>Household Goods and Furnishings</i>	735 ILCS 5/12-1001(b)	\$ 1,000.00	\$ 1,000.00
<i>Wearing Apparel</i>	735 ILCS 5/12-1001(a)	\$ 300.00	\$ 300.00
<i>Workers Compensation</i>	820 ILCS 305/21	\$ 19,500.00	\$ 19,500.00
<i>Tax Refund</i>	735 ILCS 5/12-1001(b)	\$ 1,617.00	\$ 1,617.00
<i>Mechanical Tools</i>	735 ILCS 5/12-1001(b)	\$ 400.00	\$ 400.00
Page No. <u>1</u> of <u>1</u>			

* Amount subject to adjustment on 4/1/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6D (Official Form 6D) (12/07)

In re Pablo Urbano and Graciela Ubando,
Debtor(s)

Case No. _____
(if known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Creditor's Name and Mailing Address Including ZIP Code and Account Number (See Instructions Above.)	Date Claim was Incurred, Nature of Lien, and Description and Market Value of Property Subject to Lien	Co-Debtor H--Husband W--Wife J--Joint C--Community	Contingent	Unliquidated	Disputed	Amount of Claim Without Deducting Value of Collateral	Unsecured Portion, If Any
Account No:							
	Value:						
Account No:							
	Value:						
No continuation sheets attached						Subtotal \$ (Total of this page)	\$ 0.00
						Total \$ (Use only on last page)	\$ 0.00

(Report also on Summary of Schedules.)

(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data)

In re Pablo Urbando and Graciela Ubando,

Debtor(s)

Case No. _____

(if known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts NOT entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re Pablo Urbando and Graciela Ubando ,

Case No. _____

Debtor(s)

(if known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Type of Priority for Claims Listed on This Sheet: **Taxes and Certain Other Debts Owed to Governmental Units**

Creditor's Name, Mailing Address Including ZIP Code, and Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred and Consideration for Claim	Contingent	Unliquidated	Disputed	Amount of Claim	Amount Entitled to Priority	Amount not Entitled to Priority, if any
Account No: 1835 Creditor # : 1 Transworld Systems 600 Holiday Drive Suite 300 Matteson IL 60443	H	2013 Highway Tolls				\$ 214.00	\$ 214.00	\$ 0.00
Account No: 1854 Creditor # : 2 Transworld Systems 600 Holiday Drive Suite 300 Matteson IL 60443	H	2013 Highway Tolls				\$ 428.00	\$ 428.00	\$ 0.00
Account No: 1990 Creditor # : 3 Transworld Systems 600 Holiday Drive Suite 300 Matteson IL 60443	H	2014 Highway Tolls				\$ 285.00	\$ 285.00	\$ 0.00
Account No: 1978 Creditor # : 4 Transworld Systems 600 Holiday Drive Suite 300 Matteson IL 60443	H	2014 Highway Tolls				\$ 286.00	\$ 286.00	\$ 0.00
Account No: 1826 Creditor # : 5 Transworld Systems 600 Holiday Drive Suite 300 Matteson IL 60443	H	2012 Highway Tolls				\$ 214.00	\$ 214.00	\$ 0.00

Sheet No. 1 of 2 continuation sheets

attached to Schedule of Creditors Holding Priority Claims

Subtotal \$
(Total of this page)

1,427.00

1,427.00

0.00

Total \$

(Use only on last page of the completed Schedule E. Report total also on Summary of Schedules)

Total \$

(Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and

In re Pablo Urbando and Graciela Ubando, Case No. _____
 Debtor(s) (if known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Type of Priority for Claims Listed on This Sheet: **Taxes and Certain Other Debts Owed to Governmental Units**

Creditor's Name, Mailing Address Including ZIP Code, and Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred and Consideration for Claim	Contingent	Unliquidated	Disputed	Amount of Claim	Amount Entitled to Priority	Amount not Entitled to Priority, if any
Account No: 1870 Creditor # : 6 Transworld Systems 600 Holiday Drive Suite 300 Matteson IL 60443	H	2013 Highway Tolls				\$ 214.00	\$ 214.00	\$ 0.00
Account No:								
Account No:								
Account No:								
Account No:								
Subtotal \$ (Total of this page)						214.00	214.00	0.00
Total \$ (Use only on last page of the completed Schedule E. Report total also on Summary of Schedules)						1,641.00		
Total \$ (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and							1,641.00	0.00

Sheet No. 2 of 2 continuation sheets
 attached to Schedule of Creditors Holding Priority Claims

B6F (Official Form 6F) (12/07)

In re Pablo Urbando and Graciela Ubando,

Case No. _____

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedules. Report this total also on the Summary of Schedules, and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: <i>n/a</i> Creditor # : 1 Acute Care Specialists II Ltd 701 Winthrop Ave Glendale Heights IL 60139	W	2014 Medical Bills				\$ 898.00
Account No: <i>n/a</i> Representing: Acute Care Specialists II Ltd		Merchants Credit Guide Co 233 West Jackson Blvd Suite 700 Chicago IL 60606				
Account No: 4182 Creditor # : 2 Advantage MRI Carol Stream 3733 Park East Drive Suite 100 Beachwood OH 44122	W	2011 Medical Bills				\$ 1,750.00
Subtotal \$						\$ 2,648.00
Total \$						

12 continuation sheets attached

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re Pablo Urbando and Graciela Ubando,
Debtor(s)

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 4182 Representing: Advantage MRI Carol Stream		Choice Recovery Inc P O Box 20790 Columbus OH 43220				
Account No: n/a Creditor # : 3 Adventist Glenoaks Hospital Billing Department 701 Winthrop Ave Glendale Heights IL 60139	W	2014 Medical Bills				\$ 4,263.87
Account No: n/a Representing: Adventist Glenoaks Hospital		Merchants Credit Guide Co 233 West Jackson Blvd Suite 700 Chicago IL 60606				
Account No: 5155 Creditor # : 4 Associated Pathology Consultants Elmhurst P O Box 3680 Peoria IL 61612-3680	W	2010 Medical Bills				\$ 415.30
Account No: 5155 Representing: Associated Pathology Consultants Elmhurst		Northwest Collectors Inc 3601 Algonquin Rd Suite 232 Rolling Meadows IL 60008-3106				
<div> <div>Sheet No. 1 of 12 continuation sheets attached to Schedule of</div> <div>Creditors Holding Unsecured Nonpriority Claims</div> </div>						<div>Subtotal \$</div> <div>\$ 4,679.17</div>
						<div>Total \$</div>

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re Pablo Urbando and Graciela Ubando,

Case No. _____
(if known)

Debtor(s)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 9700 Creditor # : 5 Capital One Bankruptcy Notification P O Box 30285 Salt Lake City UT 84130-0285	H	2012 Credit Card Purchases				\$ 389.00
Account No: 9700 Representing: Capital One		Cavalry Portfolio Services LLC P O Box 1017 Hawthorne NY 10532				
Account No: 2670 Creditor # : 6 Central DuPage Emergency Physicians P O Box 366 Hinsdale IL 60522	W	2008 Medical Bills				\$ 672.00
Account No: 2670 Representing: Central DuPage Emergency Physicians		Medical Business Bureau LLC 1175 Devin Drive Suite 173 Muskegon MI 49441				
Account No: 7215 Creditor # : 7 Central DuPage Emergency Physicians P O Box 366 Hinsdale IL 60522	W	2010 Medical Bills				\$ 755.00

Sheet No. 2 of 12 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ \$ 1,816.00

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re Pablo Urbando and Graciela Ubando,
Debtor(s)

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 0070 Creditor # : 8 Central DuPage Emergency Physicians P O Box 366 Hinsdale IL 60522	H	2010 Medical Bills				\$ 1,649.00
Account No: 0070 Representing: Central DuPage Emergency Physicians		Merchants Credit Guide Co 233 West Jackson Blvd Suite 700 Chicago IL 60606				
Account No: 1055 Creditor # : 9 Central DuPage Hospital Billing Department 25 North Winfield Rd Winfield IL 60190	H	2011 Medical Bills				\$ 123.00
Account No: 1055 Representing: Central DuPage Hospital		Merchants Credit Guide Co 233 West Jackson Blvd Suite 700 Chicago IL 60606				
Account No: 8413 Creditor # : 10 Central DuPage Hospital Billing Department 25 North Winfield Rd Winfield IL 60190	W	2009 Medical Bills				\$ 28,415.75

Sheet No. 3 of 12 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ \$ 30,187.75

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re Pablo Urbando and Graciela Ubando,

Case No. _____

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 9061 Creditor # : 11 Central DuPage Hospital Billing Department 25 North Winfield Rd Winfield IL 60190	W	2009 Medical Bills				\$ 224.25
Account No: 9061 Representing: Central DuPage Hospital		H&R Accounts 7017 John Deere PA Moline IL 61265				
Account No: 9079 Creditor # : 12 Central DuPage Hospital Billing Department 25 North Winfield Rd Winfield IL 60190	W	2009 Medical Bills				\$ 55,144.25
Account No: 7735 Creditor # : 13 Chicago Dept of Revenue Attn Bankruptcy Notification P O Box 88292 Chicago IL 60680-1292		11/2014 Permit Parking Violation				\$ 183.00
Account No: 7735 Representing: Chicago Dept of Revenue		Arnold Scott Harris PC 111 West Jackson Blvd Suite 400 Chicago IL 60604				

Sheet No. 4 of 12 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ \$ 55,551.50

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re Pablo Urbando and Graciela Ubando,

Case No. _____

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 1104 Creditor # : 14 Choice Recovery Inc P O Box 20790 Columbus OH 43220	H	2010 Medical Bills				\$ 415.00
Account No: 1407 Creditor # : 15 Choice Recovery Inc P O Box 20790 Columbus OH 43220	H	2012 Medical Bills				\$ 4,659.00
Account No: 1563 Creditor # : 16 Choice Recovery Inc P O Box 20790 Columbus OH 43220	H	2012 Medical Bills				\$ 142.00
Account No: 1287 Creditor # : 17 Choice Recovery Inc P O Box 20790 Columbus OH 43220	H	2011 Medical Bills				\$ 174.00
Account No: 2431 Creditor # : 18 Citibank NA Attn Bankruptcy Notification P O Box 6218 Sioux Falls SD 57117	H	2010 Credit Card Purchases				\$ 252.00

Sheet No. 5 of 12 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ \$ 5,642.00

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re Pablo Urbando and Graciela Ubando,
Debtor(s)

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
	H--Husband W--Wife J--Joint C--Community					
Account No: BXP Creditor # : 19 Comprehensive Clinical Services PC 2340 S Highland Avenue Suite 300 Lombard IL 60148-5397	W	2010 Medical Bills				\$ 173.67
Account No: 2180 Creditor # : 20 Dr David Cavazos DC 5785 N Milwaukee Ave Chicago IL 60646	W	2009 Medical Bills				\$ 6,250.00
Account No: 6568 Creditor # : 21 Elmhurst Memorial Healthcare P O Box 4052 Carol Stream IL 60197-4052	W	2010 Medical Bills				\$ 758.00
Account No: 3023 Creditor # : 22 Elmhurst Memorial Healthcare P O Box 4052 Carol Stream IL 60197-4052	W	2010 Medical Bills				\$ 532.00
Account No: 3023 Representing: Elmhurst Memorial Healthcare		MiraMed Revenue Group LLC P O Box 536 Linden MI 48451-0536				
<div> <div>Sheet No. 6 of 12 continuation sheets attached to Schedule of</div> <div>Creditors Holding Unsecured Nonpriority Claims</div> </div> <div> <div>Subtotal \$</div> <div>Total \$</div> </div>						<div>\$ 7,713.67</div>

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re Pablo Urbando and Graciela Ubando,
Debtor(s)

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 6396 Creditor # : 23 Elmhurst Memorial Healthcare P O Box 4052 Carol Stream IL 60197-4052	W	2010 Medical Bills				\$ 423.00
Account No: 6396 Representing: Elmhurst Memorial Healthcare		Van Ru Credit Corporation 1350 E Touhy Ave Suite 100E Des Plaines IL 60018-3307				
Account No: 6396 Representing: Elmhurst Memorial Healthcare		Computer Credit Inc 640 West Fourth Street P O Box 5238 Winston Salem NC 27113-5238				
Account No: 0417 Creditor # : 24 Elmhurst Memorial Healthcare P O Box 4052 Carol Stream IL 60197-4052	W	2010 Medical Bills				\$ 48.45
Account No: 2490 Creditor # : 25 Elmhurst Memorial Healthcare P O Box 4052 Carol Stream IL 60197-4052		2010 Medical Bills				\$ 21,384.99

Sheet No. 7 of 12 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ 21,856.44

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re Pablo Urbando and Graciela Ubando,
Debtor(s)

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 8813 Creditor # : 26 Elmhurst Memorial Healthcare P O Box 4052 Carol Stream IL 60197-4052	W	2010 Medical Bills				\$ 19.76
Account No: 0057 Creditor # : 27 Elmhurst Memorial Healthcare P O Box 4052 Carol Stream IL 60197-4052	W	2010 Medical Bills				\$ 827.97
Account No: 8090 Creditor # : 28 Grandview Health Partners Billing Department 5614 S Pulaski Road Chicago IL 60629	W	2010 Medical Bills				\$ 4,481.00
Account No: 0000 Creditor # : 29 Lake Shore Open MRI 2050 Solutions Center Chicago IL 60677	W	2009 Medical Bills				\$ 3,915.15
Account No: 0000 Representing: Lake Shore Open MRI		Attorney Tom Giocovey 81 S Bloomingdale Rd Bloomingdale IL 60108				
<div style="display: flex; justify-content: space-between;"> <div> Sheet No. <u>8</u> of <u>12</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims </div> <div> Subtotal \$ Total \$ </div> </div>						\$ 9,243.88

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re Pablo Urbando and Graciela Ubando,
Debtor(s)

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 1792 Creditor # : 30 Lamberti Orthopedics and Hand Surgery P O Box 967 Tinley Park IL 60477-0967	W	2010 Medical Bills				\$ 9,663.50
Account No: 6860 Creditor # : 31 MarianJoy Rehabilitation Hospital 26 W 171 Roosevelt Rd Wheaton IL 60187		2009 Medical Bills				\$ 4,189.10
Account No: 1358 Creditor # : 32 MarianJoy Rehabilitation Hospital 26 W 171 Roosevelt Rd Wheaton IL 60187		2009 Medical Bills				\$ 815.65
Account No: 6914 Creditor # : 33 MarianJoy Rehabilitation Hospital 26 W 171 Roosevelt Rd Wheaton IL 60187		2009 Medical Bills				\$ 3,858.00
Account No: 5116 Creditor # : 34 MCSI Inc P O Box 327 Palos Heights IL 60463		2014 Medical Bills				\$ 200.00

Sheet No. 9 of 12 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ \$ 18,726.25

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re Pablo Urbando and Graciela Ubando,
Debtor(s)

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 3832 Creditor # : 35 Medical Business Bureau 1460 Renaissance Dr Ste 400 Park Ridge IL 60068	H	2010 Medical Bills				\$ 53.00
Account No: 1251 Creditor # : 36 Merchants Credit Guide 223 W Jackson St Suite 900 Chicago IL 60606	H	2011 Medical Bills DuPage Hospital				\$ 248.00
Account No: 4365 Creditor # : 37 Merchants Credit Guide 223 W Jackson St Suite 900 Chicago IL 60606	H	2014 Medical Bills				\$ 54.00
Account No: 0237 Creditor # : 38 Merchants Credit Guide 223 W Jackson St Suite 900 Chicago IL 60606	H	2010 Medical Bills				\$ 144.00
Account No: 0659 Creditor # : 39 Nissan Motor Acceptance Corp PO Box 660360 Dallas TX 75266-0630	H	01/2014 Auto Lease Vehicle Repossessed				\$ 4,674.00

Sheet No. 10 of 12 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ 5,173.00

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re Pablo Urbando and Graciela Ubando,
Debtor(s)

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State. H--Husband W--Wife J--Joint C--Community	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 0659 Representing: Nissan Motor Acceptance Corp		CCB Credit Services Inc 5300 S 6th Street Springfield IL 62703-5184				
Account No: 8639 Creditor # : 40 Northland Group Inc 7831 Glenroy Rd Ste 250 Edina MN 55439	W	2011 Medical Bills				\$ 1,707.63
Account No: 0551 Creditor # : 41 Professional Credit Srv 2892 Crescent Ave Eugene OR 97408	H	2013 Unknown				\$ 215.00
Account No: 1625 Creditor # : 42 Retina Associates 2425 W 22nd Street Suite 207 Oak Brook IL 60523	W	2010 Medical Bills				\$ 30.26
Account No: 1625 Representing: Retina Associates		Harvard Collection Services In 4839 N Elston Avenue Chicago IL 60630-2534				
<div> <div>Sheet No. 11 of 12 continuation sheets attached to Schedule of</div> <div>Creditors Holding Unsecured Nonpriority Claims</div> </div> <div> <div>Subtotal \$</div> <div>Total \$</div> </div>						<div>\$ 1,952.89</div>

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re Pablo Urbando and Graciela Ubando,

Case No. _____

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 1160 Creditor # : 43 RLT Neurologic Associates Ltd 255 West 1st Street Elmhurst IL 60126	W	2009 Medical Bills				\$ 730.00
Account No: 5587 Creditor # : 44 Sprint Attn Bankruptcy Notification 6391 Sprint Parkway Overland Park KS 66251-4300		2011 Cell Phone				\$ 967.00
Account No: 5587 Representing: Sprint		Enhanced Recovery 8014 Bayberry Road Jacksonville FL 32256				
Account No: 3515 Creditor # : 45 Winfield Radiology Consultants SC 6910 S Madison Street Willowbrook IL 60527	W	2009 Medical Bills				\$ 832.00
Account No:						

Sheet No. 12 of 12 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ 2,529.00

Total \$ 167,719.55

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

In re Pablo Urbando and Graciela Ubando / Debtor Case No. _____
(if known)

SCHEDULE G-EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State the nature of debtor's interests in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if the debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract.	Description of Contract or Lease and Nature of Debtor's Interest. State whether Lease is for Nonresidential Real Property. State Contract Number of any Government Contract.
<i>Preserve at Carol Stream</i> <i>535 Thornhill Drive</i> <i>Carol Stream IL 60188</i>	Contract Type: <i>Residential lease</i> Terms: Beginning date: <i>9/1/2013</i> Debtor's Interest: <i>Lessor</i> Description: <i>Apartment Lease</i> Buyout Option:

In re Pablo Urbando and Graciela Ubando / Debtor

Case No. _____
(if known)

SCHEDULE H-CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtors spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if the debtor has no codebtors.

Name and Address of Codebtor	Name and Address of Creditor

Fill in this information to identify your case:

Debtor 1 Pablo Urbando
First Name Middle Name Last Name

Debtor 2 Graciela Ubando
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: NORTHERN District of ILLINOIS

Case number _____
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form B 6I

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

- ☐ Employed
- ☒ Not employed

- ☐ Employed
- ☒ Not employed

Occupation

Employer's name

Employer's address

Number Street

City State ZIP Code

How long employed there? _____

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ 0.00	\$ 0.00
3. Estimate and list monthly overtime pay.	3. + \$ 0.00	+ \$ 0.00
4. Calculate gross income. Add line 2 + line 3.	4. \$ 0.00	\$ 0.00

Debtor 1

Pablo Urbando

First Name Middle Name Last Name

Case number (if known)

	For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here..... → 4.	\$ 0.00	\$ 0.00	
5. List all payroll deductions:			
5a. Tax, Medicare, and Social Security deductions	\$ 0.00	\$ 0.00	
5b. Mandatory contributions for retirement plans	\$ 0.00	\$ 0.00	
5c. Voluntary contributions for retirement plans	\$ 0.00	\$ 0.00	
5d. Required repayments of retirement fund loans	\$ 0.00	\$ 0.00	
5e. Insurance	\$ 0.00	\$ 0.00	
5f. Domestic support obligations	\$ 0.00	\$ 0.00	
5g. Union dues	\$ 0.00	\$ 0.00	
5h. Other deductions. Specify: _____	+\$ 0.00	+\$ 0.00	
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	\$ 0.00	\$ 0.00	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	\$ 0.00	\$ 0.00	
8. List all other income regularly received:			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	\$ 0.00	\$ 0.00	
8b. Interest and dividends	\$ 0.00	\$ 0.00	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	\$ 284.16	\$ 0.00	
8d. Unemployment compensation	\$ 0.00	\$ 0.00	
8e. Social Security	\$ 1061.91	\$ 389.58	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Food Stamps	\$ 284.16	\$ 0.00	
8g. Pension or retirement income	\$ 0.00	\$ 0.00	
8h. Other monthly income. Specify: _____	+\$ 0.00	+\$ 0.00	
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	\$ 1630.23	\$ 389.58	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	\$ 1,630.23	\$ 389.58	= \$ 2019.81
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____			
		11. + \$ 0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies			\$ 2019.81 Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form?			
<input checked="" type="checkbox"/> No. <div style="border: 1px solid black; height: 20px; width: 760px; margin-top: 5px;"></div> <input type="checkbox"/> Yes. Explain:			

Fill in this information to identify your case:

Debtor 1 Pablo Urbano
First Name Middle Name Last Name
Debtor 2 Graciela Ubando
(Spouse, if filing) First Name Middle Name Last Name
United States Bankruptcy Court for the: NORTHERN District of ILLINOIS
Case number _____
(If known)

Check if this is:

- ☐ An amended filing
☐ A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY
☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☐ No. Go to line 2.
☒ Yes. Does Debtor 2 live in a separate household?
☐ No
☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.
Do not state the dependents' names.

- ☒ No
☐ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

- ☐ No
☐ Yes
☐ No
☐ Yes
☐ No
☐ Yes
☐ No
☐ Yes
☐ No
☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form B 6I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

4. \$ 1106.00

If not included in line 4:

4a. Real estate taxes	4a. \$ 0.00
4b. Property, homeowner's, or renter's insurance	4b. \$ 16.00
4c. Home maintenance, repair, and upkeep expenses	4c. \$ 0.00
4d. Homeowner's association or condominium dues	4d. \$ 0.00

Debtor 1 Pablo Urbando
 First Name Middle Name Last Name

Case number (if known) _____

	Your expenses
5. Additional mortgage payments for your residence , such as home equity loans	5. \$ 0.00
6. Utilities:	
6a. Electricity, heat, natural gas	6a. \$ 30.00
6b. Water, sewer, garbage collection	6b. \$ 32.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ 95.00
6d. Other. Specify: _____	6d. \$ 0.00
7. Food and housekeeping supplies	7. \$ 400.00
8. Childcare and children's education costs	8. \$ 0.00
9. Clothing, laundry, and dry cleaning	9. \$ 40.00
10. Personal care products and services	10. \$ 50.00
11. Medical and dental expenses	11. \$ 211.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ 20.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ 20.00
14. Charitable contributions and religious donations	14. \$ 0.00
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ 0.00
15b. Health insurance	15b. \$ 0.00
15c. Vehicle insurance	15c. \$ 0.00
15d. Other insurance. Specify: _____	15d. \$ 0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ 0.00
17. Installment or lease payments:	
17a. Car payments for Vehicle 1	17a. \$ 0.00
17b. Car payments for Vehicle 2	17b. \$ 0.00
17c. Other. Specify: <u>Storage</u>	17c. \$ 176.00
17d. Other. Specify: <u>Furniture</u>	17d. \$ 105.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form B 6I).	18. \$ 0.00
19. Other payments you make to support others who do not live with you. Specify: _____	19. \$ 0.00
20. Other real property expenses not included in lines 4 or 5 of this form or on <i>Schedule I: Your Income</i>.	
20a. Mortgages on other property	20a. \$ 0.00
20b. Real estate taxes	20b. \$ 0.00
20c. Property, homeowner's, or renter's insurance	20c. \$ 0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$ 0.00
20e. Homeowner's association or condominium dues	20e. \$ 0.00

Debtor 1

Pablo Urbando

First Name

Middle Name

Last Name

Case number (if known)

21. **Other.** Specify: Grooming/Haircuts

21. **+\$** 40.00

22. **Your monthly expenses.** Add lines 4 through 21.

The result is your monthly expenses.

22. **\$** 2341.00

23. **Calculate your monthly net income.**

23a. Copy line 12 (*your combined monthly income*) from *Schedule I*.

23a. **\$** 2019.81

23b. Copy your monthly expenses from line 22 above.

23b. **-\$** 2341.00

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

23c. **\$** -321.19

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Explain here:

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In re *Pablo Urbando and Graciela Ubando*

Case No.
Chapter 7

/ Debtor

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	Attached (Yes/No)	No. of Sheets	ASSETS	LIABILITIES	OTHER
A-Real Property	Yes	1	\$ 0.00		
B-Personal Property	Yes	3	\$ 30,467.00		
C-Property Claimed as Exempt	Yes	1			
D-Creditors Holding Secured Claims	Yes	1		\$ 0.00	
E-Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	3		\$ 1,641.00	
F-Creditors Holding Unsecured Nonpriority Claims	Yes	13		\$ 167,719.55	
G-Executory Contracts and Unexpired Leases	Yes	1			
H-Codebtors	Yes	1			
I-Current Income of Individual Debtor(s)	Yes	1			\$ 2,019.81
J-Current Expenditures of Individual Debtor(s)	Yes	2			\$ 2,341.00
TOTAL		27	\$ 30,467.00	\$ 169,360.55	

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In re *Pablo Urbando and Graciela Ubando*

Case No.
Chapter 7

_____/ Debtor

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11, or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 1,641.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
TOTAL	\$ 1,641.00

State the following:

Average Income (from Schedule I, Line 12)	\$ 2,019.81
Average Expenses (from Schedule J, Line 22)	\$ 2,341.00
Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14)	\$ 284.16

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 0.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	\$ 1,641.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 167,719.55
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 167,719.55

In re Pablo Urbando and Graciela Ubando
Debtor

Case No. _____
(if known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY AN INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 28 sheets, and that they are true and correct to the best of my knowledge, information and belief.

Date: 8/14/2015

Signature /s/ Pablo Urbando
Pablo Urbando

Date: 8/14/2015

Signature /s/ Graciela Ubando
Graciela Ubando

[If joint case, both spouses must sign.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

CERTIFICATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11.U.S.C. § 110)

I certify that I am a bankruptcy preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document.

Preparer:

Social security No. :

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

X _____

Date: _____

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In re: **Pablo Urbando**
and
Graciela Ubando
aka Graciela Urbando

Case No. _____
(if known)

Debtor

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Questions 1-18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19-25. If the answer to an applicable question is "None," mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within the six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor may also be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporation debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. §101(2), (31).

1. Income from employment or operation of business

None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

Year to date: \$0.00

01/2015 to 05/2015 (Husband and Wife)

Last Year: \$0.00

2014 (Husband and Wife)

Year before: \$20,892.00

2013 (Husband)

2. Income other than from employment or operation of business

None ☐ State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

Year to date: \$5,084.55

01/2015 to 05/2015 Social Security (Husband)

AMOUNT

\$1,947.90	01/2015 to 05/2015 Social Security (Wife)
Last Year: \$12,203.00	2014 Social Security (Husband)
\$4,675.00	2014 Social Security (Wife)
Year before: \$14,325.85	2013 Social Security (Husband)
\$4,550.90	2013 Social Security (Wife)

Year to date: \$12,232.08	04/2015: Workers Compensation Net Settlement (Wife)
Last Year: \$14,555.91	2014: Cashout of IRA (Husband)

3. Payments to creditors

None Complete a. or b., as appropriate, and c.



a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor, made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None



b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

* Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

None



c. All debtors: List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

4. Suits and administrative proceedings, executions, garnishments and attachments

None



a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
Graciela Urbando v. Wheaton Bible Church 09 WC 3395	Workers Comp	n/a	Settlement received 04/2015: \$19,500.00, net to Debtor: \$12,232.08

None



b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

5. Repossessions, foreclosures and returns

None ☐ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DATE OF

REPOSSESSION

NAME AND ADDRESS

OF CREDITOR OR SELLER

FORECLOSURE SALE,

TRANSFER OR RETURN

DESCRIPTION AND VALUE OF PROPERTY

**Name: Nissan Motor
Acceptance Corporation
Address: PO Box 660360
Dallas, TX 75266-0360**

01/2014

**Description: Auto Lease of 2012
Frontier
Value: Owed \$4,674.00 on Auto Lease**

6. Assignments and receiverships

None ☒ a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

7. Gifts

None ☒ List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

8. Losses

None ☒ List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Payee: Robert L. Perlstein Address: 8634 Callie Avenue Morton Grove, IL 60053	Date of Payment: 05/2015 Payor: Pablo and Graciela Urbando	\$2,500.00 plus \$335.00 Filing Fee

10. Other transfers

None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

11. Closed financial accounts

None ☐ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
<i>Institution: IRA for Pablo Urbando</i>	<i>Account Type and No.: IRA Final Balance: \$16,173</i>	<i>2014: Cashed out IRA to help pay Medical Expenses</i>
<i>Institution: Citibank Address: Bloomingdale, IL</i>	<i>Account Type and No.: Savings account no. ending 4222 Final Balance: \$5.00</i>	<i>06/10/2015</i>
<i>Institution: Citibank Address: Bloomingdale, IL</i>	<i>Account Type and No.: Checking Account no. ending 4214 Final Balance: \$13.00</i>	<i>6/10/2015</i>

12. Safe deposit boxes

None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

13. Setoffs

None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

14. Property held for another person

None ☒ List all property owned by another person that the debtor holds or controls.

15. Prior address of debtor

None ☐ If the debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
<i>Debtor: Pablo Urbando and Graciela Ubando Address: 2N462 Diane Avenue, Glen Ellyn, IL 60137</i>	<i>Name(s): Pablo Urbando and Graciela Ubando</i>	<i>01/1996 to 09/2013</i>

16. Spouses and Former Spouses

None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

17. Environmental Information

None ☒ For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to disposal sites.

"Hazardous Material" means anything defined as hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law:

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law, with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

18. Nature, location and name of business

None



a. If the debtor is an individual, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

None



b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 08/14/2015Signature /s/ Pablo Urbando
of DebtorDate 08/14/2015Signature /s/ Graciela Ubando
of Joint Debtor
(if any)

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 34(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social-Security No.(Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social-security number of the officer, principal,, responsible person, or partner who signs this document.

Address

X _____
Signature of Bankruptcy Petition Preparer

Date

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 18 U.S.C. § 156.

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In re *Pablo Urbando and Graciela Ubando*Case No.
Chapter 7

_____/ Debtor

CHAPTER 7 STATEMENT OF INTENTION - HUSBAND'S DEBTS

Part A - Debts Secured by property of the estate. (Part A must be completed for EACH debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No.		
Creditor's Name : <i>None</i>	Describe Property Securing Debt :	
<p>Property will be (check one) :</p> <p><input type="checkbox"/> Surrendered <input type="checkbox"/> Retained</p> <p>If retaining the property, I intend to (check at least one) :</p> <p><input type="checkbox"/> Redeem the property</p> <p><input type="checkbox"/> Reaffirm the debt</p> <p><input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C § 522 (f)).</p> <p>Property is (check one) :</p> <p><input type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt</p>		

Part B - Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No.		
Lessor's Name: <i>None</i>	Describe Leased Property:	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> Yes <input type="checkbox"/> No

Signature of Debtor(s)

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date: 08/14/2015Debtor: /s/ Pablo Urbando

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

In re *Pablo Urbando and Graciela Ubando*

Case No.

Chapter 7

_____/ Debtor

CHAPTER 7 STATEMENT OF INTENTION - WIFE'S DEBTS

Part A - Debts Secured by property of the estate. (Part A must be completed for EACH debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No.		
Creditor's Name : <i>None</i>	Describe Property Securing Debt :	
<p>Property will be (check one) :</p> <p><input type="checkbox"/> Surrendered <input type="checkbox"/> Retained</p> <p>If retaining the property, I intend to (check at least one) :</p> <p><input type="checkbox"/> Redeem the property</p> <p><input type="checkbox"/> Reaffirm the debt</p> <p><input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C § 522 (f)).</p> <p>Property is (check one) :</p> <p><input type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt</p>		

Part B - Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No.		
Lessor's Name: <i>None</i>	Describe Leased Property:	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> Yes <input type="checkbox"/> No

Signature of Debtor(s)

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date: 08/14/2015Debtor: /s/ Graciela Ubando

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

In re *Pablo Urbando and Graciela Ubando*

Case No.

Chapter 7

_____/ Debtor

CHAPTER 7 STATEMENT OF INTENTION - JOINT DEBTS

Part A - Debts Secured by property of the estate. (Part A must be completed for EACH debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No.		
Creditor's Name : <i>None</i>	Describe Property Securing Debt :	
Property will be (check one) : <input type="checkbox"/> Surrendered <input type="checkbox"/> Retained If retaining the property, I intend to (check at least one) : <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C § 522 (f)). Property is (check one) : <input type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt		

Part B - Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No.	Lessor's Name: <i>None</i>	Describe Leased Property: Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> Yes <input type="checkbox"/> No
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Signature of Debtor(s)

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date: 08/14/2015Debtor: /s/ Pablo UrbandoDate: 08/14/2015Joint Debtor: /s/ Graciela Ubando

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In re *Pablo Urbando*
and
Graciela Ubando
aka *Graciela Urbando*

Case No.
Chapter 7

_____/ Debtor
Attorney for Debtor: *Robert L. Perlstein*

STATEMENT PURSUANT TO RULE 2016(B)

The undersigned, pursuant to Rule 2016(b), Bankruptcy Rules, states that:

1. The undersigned is the attorney for the debtor(s) in this case.
2. The compensation paid or agreed to be paid by the debtor(s), to the undersigned is:
 - a) For legal services rendered or to be rendered in contemplation of and in connection with this case \$ 2,500.00
 - b) Prior to the filing of this statement, debtor(s) have paid \$ 2,500.00
 - c) The unpaid balance due and payable is \$ 0.00
3. \$ 335.00 of the filing fee in this case has been paid.
4. The Services rendered or to be rendered include the following:
 - a) Analysis of the financial situation, and rendering advice and assistance to the debtor(s) in determining whether to file a petition under title 11 of the United States Code.
 - b) Preparation and filing of the petition, schedules, statement of financial affairs and other documents required by the court.
 - c) Representation of the debtor(s) at the meeting of creditors.
5. The source of payments made by the debtor(s) to the undersigned was from earnings, wages and compensation for services performed, and
None other
6. The source of payments to be made by the debtor(s) to the undersigned for the unpaid balance remaining, if any, will be from earnings, wages and compensation for services performed, and
None other
7. The undersigned has received no transfer, assignment or pledge of property from debtor(s) except the following for the value stated:
None
8. The undersigned has not shared or agreed to share with any other entity, other than with members of undersigned's law firm, any compensation paid or to be paid except as follows:
None

Dated: *08/14/2015*

Respectfully submitted,

X /s/ *Robert L. Perlstein*

Attorney for Petitioner: *Robert L. Perlstein*
Robert L. Perlstein
8634 Callie Avenue
Morton Grove IL 60053

630-254-4503
perlstone5@yahoo.com

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In re *Pablo Urbando*
and
Graciela Ubando
aka Graciela Urbando

Case No.
Chapter 7

_____/ Debtor

Attorney for Debtor: *Robert L. Perlstein*

VERIFICATION OF CREDITOR MATRIX

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

Date: 08/14/2015

/s/ Pablo Urbando

Debtor

/s/ Graciela Ubando

Joint Debtor

Acute Care Specialists PC Ltd
701 Winthrop Ave
Glendale Heights, IL 60139

Advantage MRI Carol Stream
3733 Park East Drive
Suite 100
Beachwood, OH 44122

Adventist Glenoaks Hospital
Billing Department
701 Winthrop Ave
Glendale Heights, IL 60139

Arnold Scott Harris PC
111 West Jackson Blvd
Suite 400
Chicago, IL 60604

Associated Pathology Consultants Elmhurs
P O Box 3680
Peoria, IL 61612-3680

Attorney Tom Giocovey
81 S Bloomingdale Rd
Bloomingdale, IL 60108

Capital One
Bankruptcy Notification
P O Box 30285
Salt Lake City, UT 84130-0285

Cavalry Portfolio Services LLC
P O Box 1017
Hawthorne, NY 10532

CCB Credit Services Inc
5300 S 6th Street
Springfield, IL 62703-5184

Central DuPage Emergency Physicians
P O Box 366
Hinsdale, IL 60522

Central DuPage Hospital
Billing Department
25 North Winfield Rd
Winfield, IL 60190

Chicago Dept of Revenue
Attn Bankruptcy Notification
P O Box 88292
Chicago, IL 60680-1292

Choice Recovery Inc
P O Box 20790
Columbus, OH 43220

Citibank NA
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Attn Bankruptcy Notification

P O Box 6218

Sioux Falls, SD 57117

Comprehensive Clinical Services PC

2340 S Highland Avenue

Suite 300

Lombard, IL 60148-5397

Computer Credit Inc

640 West Fourth Street

P O Box 5238

Winston Salem, NC 27113-5238

Dr David Cavazos DC

5785 N Milwaukee Ave

Chicago, IL 60646

Elmhurst Memorial Healthcare

P O Box 4052

Carol Stream, IL 60197-4052

Enhanced Recovery

8014 Bayberry Road

Jacksonville, FL 32256

Grandview Health Partners

Billing Department

5614 S Pulaski Road

Chicago, IL 60629

H&R Accounts

7017 John Deere PA

Moline, IL 61265

Harvard Collection Services In

4839 N Elston Avenue

Chicago, IL 60630-2534

Lake Shore Open MRI

2050 Solutions Center

Chicago, IL 60677

Lamberti Orthopedics and Hand Surgery

P O Box 967

Tinley Park, IL 60477-0967

MarianJoy Rehabilitation Hospital

26 W 171 Roosevelt Rd

Wheaton, IL 60187

MCSI Inc

P O Box 327

Palos Heights, IL 60463

Medical Business Bureau

1460 Renaissance Dr Ste 400

Park Ridge, IL 60068

Medical Business Bureau LLC
1175 Devin Drive
Suite 173
Muskegon, MI 49441

Merchants Credit Guide
223 W Jackson St Suite 900
Chicago, IL 60606

Merchants Credit Guide Co
233 West Jackson Blvd
Suite 700
Chicago, IL 60606

MiraMed Revenue Group LLC
P O Box 536
Linden, MI 48451-0536

Nissan Motor Acceptance Corp
PO Box 660360
Dallas, TX 75266-0630

Northland Group Inc
7831 Glenroy Rd Ste 250
Edina, MN 55439

Northwest Collectors Inc
3601 Algonquin Rd
Suite 232
Rolling Meadows, IL 60008-3106

Professional Credit Srv
2892 Crescent Ave
Eugene, OR 97408

Retina Associates
2425 W 22nd Street
Suite 207
Oak Brook, IL 60523

RLT Neurologic Associates Ltd
255 West 1st Street
Elmhurst, IL 60126

Robert L. Perlstein
8634 Callie Avenue
Morton Grove, IL 60053

Sprint
Attn Bankruptcy Notification
6391 Sprint Parkway
Overland Park, KS 66251-4300

Transworld Systems
600 Holiday Drive Suite 300
Matteson, IL 60443

Pablo Urbando
595 Thornhill Drive
Apt 118
Carol Stream, IL 60188

Graciela Ubande
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595 Thornhill Drive
Apt 118
Carol Stream, IL 60188

Van Ru Credit Corporation
1350 E Touhy Ave
Suite 100E
Des Plaines, IL 60018-3307

Winfield Radiology Consultants SC
6910 S Madison Street
Willowbrook, IL 60527